

County of Lanark Secondary Education Committee.

NINTH
ANNUAL REPORT

ON THE

MEDICAL INSPECTION

AND

SUPERVISION OF SCHOOL CHILDREN

INCLUDING THE

FIFTH REPORT ON VISUAL AND
DENTAL TREATMENT.

1917-1918.

COATBRIDGE:
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TO THE CHAIRMAN AND MEMBERS OF THE COUNTY OF
LANARK SECONDARY EDUCATION COMMITTEE.

GENTLEMEN,

I beg to submit the Annual Report on the Medical Inspection and Treatment of School Children. This is the ninth report on Inspection and the fifth dealing with Treatment.

In the course of the school year the Committee appointed Mr. D. St. Lawrence Gilchrist, L.D.S., as additional Dental Surgeon. Mr. Bower is now in charge of the dental work in the Northern area, and Mr. Gilchrist in the Southern area of the County.

An additional clerkess, Miss H. S. Steven, was appointed early in 1918.

I am,

Gentlemen,

Your obedient Servant,

ERNEST THOMSON.

SCHOOL MEDICAL STAFF.

Northern Division.

School Medical Officer.

a JOHN MACINTYRE,
M.B., Ch. B., D.P.H.

Assistant School Medical
Officer.

a DONALD CLARK,
M.B., Ch. B.

Southern Division.

School Medical Officer.

a W. JONES MACKINNON,
M.D., C.M., D.P.H.

Assistant School Medical
Officer.

a CUNISON D. RANKIN,
M.D., Ch. B., D.P.H.

NURSES.

JEANIE M'NICOL.

JENNY FREW.

MARION CLARK.

c MARJORIE K. M'DOUGAL.

ISOBEL T. COCHRAN.

CHRISTINA CRAIB.

FRANCES M'KEE.

Ophthalmic Surgeon, - ERNEST THOMSON, M.A., M.D., F.R.F.P.S.G.

Dental Surgeons, - H. R. BOWER, L.D.S. (Ed.).

d D. ST. LAWRENCE GILCHRIST, L.D.S. (Ed.).

Clerical Staff.

a ROBERT A. M'ROBBIE.

a JOHN WRIGHT.

ELIZABETH HARLEY.

e HELEN S. STEVEN.

a On Military Service.

Appointed September, 1918.

d Appointed May, 1918.

e Appointed February, 1918.



INTRODUCTORY.

The present Report deals, strictly speaking, with the year which ended 31st July, 1918. Nevertheless, and in spite of the Committee's permission that the report should be mainly statistical on this occasion, it seems hardly possible to ignore the fact that, at the time of writing, the war is to all intents and purposes at an end. Interest naturally centres not so much on what is past as on what is to come. The Education Bill, referred to in last report as such, is now an Act under which both Medical Inspection and Treatment will probably soon find themselves on a broader foundation. Whether school medical work is to remain for a time in the hands of the County Education Authority, or is to be transferred to the proposed Ministry or Board of Health, is a question which is at present unanswerable. While, therefore, innumerable problems occur to one's mind as to future developments and procedure, as these may affect the health of school children, it seems useless to endeavour to focus attention too closely on such problems until the world in general solidifies somewhat out of its present state of flux. None the less, some of the most necessary developments are incidentally mentioned in the pages which follow.

MEDICAL INSPECTION.

A large amount of inspection work has been undertaken by the Nurses in the course of the year. Although such inspection represents a mere fraction of the work carried out by the Medical Officers when on duty, it has done as good service as could possibly have been expected. During the year under review the nursing staff has been kept well up, and, as a consequence, the revisiting and home visiting which had largely fallen behind in the previous year owing to shortage of staff, have been resumed. Such following up, mainly of the cases of neglected children, has been of considerable benefit. Major W. J. Mackinnon, School Medical Officer, has been available for consultation and has undertaken the examination of defective children.

Reference to Table A will show that with the full staff of Nurses it has been possible not only to carry out revisiting and home visiting, but to add no fewer than 8514 to the number of children inspected as compared with the previous year.

The conditions of travel, which have become worse and worse as the congestion on the railways increased, have rendered the work of the staff, both the Inspection and Treatment Staff, much more onerous than under pre-war conditions. As mentioned in last report the want of the North British service between Hamilton and Coatbridge is specially serious, and it is to be hoped that this service may be resumed at no very distant date.

For the year ending 31st July, 1918, the numbers of school children examined were :—

1.—AT SYSTEMATIC EXAMINATIONS—

(a) Elementary Pupils—

		Boys.	Girls.
Entrants (6 years old and under), ...	...	8597	8136
Intermediate Pupils (11 years old), ...	...	5380	5365
Leavers (13 years old), ...	...	4203	3862
Special Cases, ...	...	772	820
		<hr/>	<hr/>
		18,952	18,183
Total,	...	37,135	

(b) Higher Grade Pupils—

					Boys.	Girls.
11 years old Group,	...	...	...	...	587	704
13 years old Group,	...	...	...	...	865	748
Special cases,	...	...	...	...	67	70
					—	—
					1519	1522
	Total,	...				3041

For numbers examined in each School Board area, see Tables A and B.

2. PUPILS EXAMINED AT REVISITS—

Number examined at revisits and home visits,
Approximately 3200.

3.—EXAMINATION OF JUNIOR STUDENTS, 0

4.—EXAMINATION OF PHYSICALLY AND MENTALLY DEFECTIVE CHILDREN—

Physically Defective,	...	...	...	...	...	10
Mentally Defective,	...	...	...	...	...	3
Deaf and Dumb,	...	...	...	...	...	0

MEDICAL TREATMENT.

The Treatment scheme has been very considerably expanded by the appointment of an additional Dental Surgeon. Yet, as a whole, it must be considered as quite in its infancy. More particularly, perhaps, as regards the dental work is this the case. Much more requires to be done before it will be possible to state that dental hygiene is being satisfactorily maintained ; and without dental hygiene in childhood the whole foundation of an AI adolescent population must be considered badly laid.

That the treatment of school children should not be confined to dental and ophthalmic treatment is an obvious proposition. Throat, nose, and ear diseases with their resulting, often lifelong, defects and also the important group of skin diseases must claim attention from the Health Authority, whether that authority be the Education Committee or a Ministry of Health. But, just here, one meets a serious obstacle as things are at present. Children's hospitals with fully equipped out-patient clinics are required before these diseases can be effectively treated. Ophthalmic treatment also demands properly equipped clinics before it can be said to realise its full value, and some beds for ophthalmic cases should be available.

But one must refrain from too much anticipation. The foregoing remarks may serve as pointers towards future developments.

It has been mentioned in previous reports that the treatment scheme has thrown a severe strain on the office premises. If the best possible use is to be made of the time of the Dental Surgeons, a third clerk to attend to dental work alone is a necessity. Two male clerks are at present on service. If one assume that these two return to the Committee's service and that the clerical staff then numbers four (which number will itself be too small by the time the work gets a fair start) the complete staff of doctors, dentists, nurses and clerks will, even under present arrangements, number eighteen. It is impossible to conceive of eighteen people being able to work, on the occasions when all or most are at the office together, in three small rooms one of which is used on occasion as an ophthalmic consulting room. The necessary provision of accommodation will come in due course, but, in the meantime, some further rooms are urgently required and should be arranged for.

During the year the Committee instructed that statistical statements should be sent to School Boards after each visit of the Dental and Ophthalmic Surgeons to the centres concerned. These statements have been regularly sent. They show the numbers of children notified for treatment and the numbers (often all too few) whose parents have been wise enough to take the advantage offered to them.

REPORT BY THE DENTAL SURGEONS.

In presenting our report for 1917-18 it seems advisable to preface our analysis of the accompanying dental Table with the statement that very little of a novel or informative character emerges, owing to the fact that, as in previous years, inspection and treatment have been confined to children of from 6 to 8½ years of age, and, with certain exceptions which will be dealt with later on, have followed as to method and routine much the same course as formerly.

No very great increase in the number of children examined and treated, when compared with 1916-17, falls to be recorded, nor in the circumstances could such be looked for, as Mr. Gilchrist's appointment only took effect late in the year under review. It is only right to say that the chief aim of the dental staff is, not to treat the largest number possible, but rather, to afford to those who elect to take advantage of the treatment offered to them the greatest amount of care and skill that can be brought to bear in the light of present day knowledge. It would be easy to increase the apparent amount of work done by neglecting "conservative" treatment in favour of "radical."

Much of the dentists' valuable time is still occupied with office work, a fact already commented upon in the general Report on Treatment.

Regarding the treatment clinics, one change was made during the year, the Rutherglen centre having been removed to Gallowflat School where a special room has been fitted up for dental work.

Since the appointment of a second dental surgeon towards the end of the school year we now have a dentist for the Northern Area of the County, and one also for the Southern Area, and it is hoped that it will be possible in future to inspect and treat *annually* the whole of the children included in the ages 6 to 8½ years.

A new Income Scale was introduced during the latter part of the year. This, however, had not time to become operative as regards this Report. It is merely mentioned here so that it may be understood that the number of children treated was not affected by it.—(See p. 15.)

An examination of the "Table of Dental Treatment," which appears on another page, shows that the number of pupils examined was 9408. In 8336 (or 88 per cent.) of these cases more or less dental defect was found, and dental treatment forms were issued to the parents or guardians concerned.

The number of children who attended for treatment was 1814 (or 22 per cent. of those notified) of whom 893 were boys and 921 girls.

Temporary teeth to the number of 8085, and 558 permanent teeth were extracted. This year 574 fillings for 1814 patients were carried out compared with 173 fillings for 1376 patients in the previous year. These fillings were inserted chiefly in permanent molar teeth. This important increase in conservative treatment is perhaps the most gratifying feature of the year's work. Most of the teeth thus saved would have been allowed to decay until quite hopeless had not conservative measures been adopted.

In four cases scaling and cleaning was done.

Cases to the number of 756 were necessitous, while 1058 were partly necessitous.*

It is gratifying to be able to record that satisfactory results have been obtained during the past year.

First :—By the removal of septic teeth, thus eliminating the danger to general health from septic absorption.

Second:—By the removal of temporary teeth for the purpose of ensuring a regular and even set of permanent teeth, affording efficiency in the mastication of food.

Third :—Inserting fillings in permanent teeth affected by caries, and so saving them for many years of "active service."

On comparing the figures of the Table it may appear that a large amount of treatment was carried out for comparatively few patients, something like an average of 5 teeth being extracted or filled for each child attending. Such large amount of treatment is unfortunately necessary owing to the bad condition of the average child's teeth. When it is remembered that 88 per cent. of the children inspected exhibited in one form or another a certain amount of dental defect, and that very many of them had scarcely a sound tooth present, it is not surprising that the average number of teeth treated should be high.

The percentage figures in the above paragraph show a slight increase on the previous year. It would have been much more satisfactory could we have recorded a decrease instead of an increase.

* In the case of non-necessitous parents Dental Treatment of their children is not undertaken by the School Dental Surgeons.—E.T.

Unfortunately, no pronounced improvement is to be anticipated in this direction so long as the child's teeth are neglected prior to commencing school.

The number of children who attended for treatment as compared with those notified, although a slight improvement on the previous year, still falls far short of what is desirable. Now that the clinics will be visited as nearly as possible once a year, instead of at intervals of twice that length of time—as was sometimes formerly the case—one may perhaps look for an improvement in the attendance.

The long distances the children may have to travel, the difficulties of conveyance to and from the clinics, together with occasional adverse weather conditions on the day appointed, are all factors which militate against a good attendance in outlying districts. Until normal conditions are restored, or some means of treating these children at their own schools is devised and adopted, we cannot look for any great improvement in such outlying areas. (See also page 16, on the same subject.)

Many of the parents who declined treatment for their children at the hands of the School Dentist intimated their intention to have the child concerned treated by a private practitioner. It is thus evident that notification in many cases serves a useful purpose beyond that which was perhaps originally contemplated.

Most schemes for the treatment of school children aim at visiting each school once every six months, for the inspection of children from 6 to 8 years of age and for the re-inspection and treatment when necessary of older children who have already passed through the dentist's hands. This would mark a distinct advance if it could be adopted in our district. The ideal scheme would of course include *all* children of school age, and such organisations are already in operation in several large centres of population in England.

A pleasing feature in connection with dental treatment is that an increasing number of parents attend the clinics along with their children and thus present an opportunity for giving useful advice.

One often hears an expression of appreciation from parents and teachers in regard to the benefit derived from dental treatment of children. Indeed it is quite obvious in many instances, where children who have been treated on a former occasion present themselves for re-inspection, that not only is the mouth in better condition, but the child shows a marked improvement in general health. Now these children are our missionaries, and the more often we visit a centre of treatment and the more such missionaries we educate, the greater will be the influence brought to bear on the numerous ignorant and neglectful parents.

This brings us to the consideration of school dentistry in its relation to National Health, for, as things are at present, particularly in Urban districts, the wretched condition of the mouths of many of the children examined—children who are just at the commencement of their scholastic life—reveals a state of affairs only comparable with the results shown by the medical examination of men for the Army in the early days of the war. This was often a direct cause of the rejection of an otherwise physically fit recruit, until the treatment of recruits was undertaken on a large scale. Is it not desirable, then, that all possible means ought to be employed, in order that the most neglected children, whose parents at present evade their responsibility, should receive the necessary attention?

In some of the larger areas in England, not so wide-spread as our own district, committees of ladies and others interested, are doing useful work as visitors to the home, and are proving of great service in influencing parents to bring their children to the clinics for treatment. These committees receive, along with teachers, such elementary instruction as is considered useful, so that they may educate both parents and children as to the dangers that may follow neglect, and the benefit to be derived from treatment.

It may be that the proposed Ministry of Health will serve to link up pre-school work (Child Welfare Schemes) with the work of such organisations as that of this Committee. Something of the kind is desirable. Much good might be achieved by co-ordination of effort on the part of such agencies as can most readily get into touch with, educate, and bring their influence to bear on the parents of the children, so that, when necessary, early treatment might be carried out at local clinics. In many cases the earlier in life the child can be seen by the dentist the better chance he will have of competing successfully with his fellows at the outset of his school career.

Superintendence of dental hygiene cannot commence at too early an age, so that dental caries may be prevented if possible. Prevention is better than cure.

At present we are doing the spade work, touching the fringe only of School-Dentistry. Much remains to be done, both in the direction of treatment and research, which can only be achieved by means of State Aid on a comprehensive scale. The field is large, and more workers are needed in order that the ignorance, apathy, and prejudice at present so often in evidence may be successfully combated.

Finally, we have much pleasure in acknowledging the kindness and sympathetic help we have everywhere received from headmasters and teachers, whose assistance has a distinct bearing on the success of our work.

REPORT BY THE OPHTHALMIC SURGEON.

It is not intended on this occasion to do very much more than call attention to the tables of statistics. A good deal has been said in previous reports about ophthalmic treatment in general.

A few details, most of which may be said to be administrative, may be referred to.

Influenza—Some interference with treatment was caused by outbreaks of scarlet fever and influenza during the school year, but much greater interference with all the work, inspection as well as treatment, was caused by influenza after the school year 1917-18 was completed. This will fall to be noted in next year's report.

Committee's Responsibility in certain cases—It seems right to publish the fact that the Committee decided on May 8th, 1918 (a test-case having been brought forward), that it does not fall within the Committee's scheme to be responsible for the provision of spectacles obtained for a necessitous child, unless the child has been seen by the Committee's Ophthalmic Surgeon. The Ophthalmic Surgeon pointed out that it was out of the question that he should be responsible for the welfare of any child whom he had not had the opportunity of examining.

New Income Scale—In view of the increased cost of living under war conditions a new income scale was adopted at the meeting of the Committee in January, 1918. According to this new scale the income entitling to free ophthalmic treatment was raised from 30/- to 50/- weekly, and for partial relief from 50/- to 60/-. The cost of spectacles has been repeatedly increased, so that even with the new scale a good deal of discretion has to be exercised in determining the capacity to pay of those parents whose incomes are on or about the border line, and of those who have large families.*

Special Schools.—It is very necessary that serious consideration should be given to the question of special schools for defective sighted children, that is children who suffer either from high myopia or from some other incurable defect which greatly hinders, or in some cases practically precludes, their education. It has been mentioned in a previous report that such schools exist already in some parts of the country. Admittedly, where one deals with a large country area arrangements will not be easy, but, if the education of these, often very clever, children is to become part of the national assets, then such arrangements for special educational methods must be effected.

* A corresponding change was made on the Dental Treatment scale on May 8th, 1918, but did not become operative during the school year 1917-18.

The Centres.--Previous reference has also been made to the fact that some of the centres are very badly handicapped, in so far that the children have a long way to go to the centre. Failing financial provision for the conveyance of these children to the present centres (and where the numbers are considerable conveyance is not easy or satisfactory) the only plan is to establish further centres to suit. The Ophthalmic Surgeon has not cared to suggest this in the absence of the school medical officers. It was found, in the case of one school of considerable size, namely Tarbrax, that as the children would not come, and no wonder, to the Centre at Carnwath the Ophthalmic Surgeon must go to the children. This was done, and a number of bad cases attended to. There are other districts nearly as remote but, apart altogether from the loss of time occupied in reaching them, there is not, as a rule, suitable accommodation, or even room accommodation of any kind, available in the schools concerned. The dental ambulance plan may have a future before it in County work, but it is to be feared the ophthalmic ambulance is hardly feasible. Something should be done soon to meet the wants of these children living in the more remote parts of the County.

STATISTICS.

Brief reference may now be made to the statistical tables.

In last Report Table I. dealt with two years. It was not at first intended to publish it again this year, but to hold it over until two years more could be reviewed. But, taking into consideration the imminence of a change of Authority, it was thought better to show as nearly as possible how each school and each area responds to the notification form. By reference to this Report, along with that for last year (1916-17), the new Authority will be enabled to gauge the requirements in the matter of ophthalmic treatment as shown by the figures for three successive years.

In the course, then, of the school year 1917-18 no fewer than 2585 notices were sent out stating that the children concerned suffered from some defect of vision as shown by the ordinary visual tests, or squinted, or presented obvious signs of eye disease of one kind or another. Such medical inspections when carried out by the school nurse alone must, at best, be imperfect. A certain number of children who ought to be notified may be missed, and a proportion may be notified where there is really nothing the matter. But, leaving on one side such difficulties—soon now to disappear when the Medical Officers return—the broad fact remains that, out of these 2585 notifications, only 874 applications for treatment came to hand. Children to the number of 852 were examined and treated in the current year. The figures show that about 34% only, of the parents who received notice that treatment was probably required

for their children, actually applied for treatment. There is here ample scope for improvement when it becomes feasible to bring more pressure to bear upon neglectful parents, and when it becomes possible to devote more time to the work. As things have been during the years of war the number of applications for treatment and the time available for the work have approximately balanced.

Table II. demands little comment. The children examined for the first time were somewhat more numerous than in the previous year, while those revisited were rather fewer. Last year the numbers were respectively 774 and 1086.

Table III. and Table IV. are omitted to make room for Table I.

Table V. will doubtless always remain of interest to the Committee, since it shows, when one year is compared with another, the rise and fall of the three different wage-earning groups. The small tabular statement added below shows, in whole number percentages of the respective totals, the variations in the wage-earning groups for three successive years.

			Class I.	Class II.	Class III.
1915-16,	...	...	50%	42%	8%
1916-17,	...	...	42%	35%	23%
1917-18,	...	...	48%	28%	24%

The writer feels that he cannot conclude this Report, the last which he will have the honour of presenting in the name of the School Medical Officers, and the last which will be presented to the Committee as at present constituted, without an expression of sincere thanks for the help and generous indulgence which have been extended to him by members individually and by the Committee as a whole in his task of endeavouring to hold together the inspection and treatment schemes in the absence of the School Medical Officers. While his work has thus been greatly lightened the Ophthalmic Surgeon will nevertheless hand over the control to the Medical Officers with a sense of relief. The gathering together of the loose strands of a considerably frayed organization and the working of them together into a much stronger and better organization under new conditions will be a task of some magnitude and one of the utmost importance to National Hygiene.

TABLE A.—Elementary Pupils Examined at the Routine Examination for Year ending 31st July, 1918.

SCHOOL BOARDS.	SCHOLARS EXAMINED IN EACH GROUP.								
	INFANTS. (6 years & under)		AGE GROUP. (11-12 years)		SENIORS. (13 years & over)		SELECTED.		TOTAL.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
Airdrie, ...	315	377	251	218	187	155	24	37	1564
Avondale, ...	58	69	53	45	14	32	3	2	276
Biggar, ...	24	25	13	8	14	8	1	2	95
Blantyre, ...	286	277	167	199	125	111	12	12	1189
Bothwell, ...	858	759	556	542	474	401	77	97	3764
Cadder, ...	140	124	117	109	64	64	13	18	649
Calderhead, ...	257	273	99	115	99	67	22	24	946
Cambuslang, ...	379	337	278	230	217	221	28	24	1714
Cambusnethan, ...	830	742	360	383	361	246	54	76	3052
Carlisle, ...	269	239	99	152	72	44	31	23	929
Carmichael, ...	7	1	2	3	2	—	—	—	15
Carmunnock, ...	16	14	6	7	5	3	—	—	51
Carnwath, ...	166	161	92	56	52	51	8	9	595
Carstairs, ...	43	27	26	16	7	7	8	8	142
Clarkston, ...	139	143	75	108	80	60	13	16	634
Covington and Thankerton, ...	3	4	5	4	—	3	—	—	19
Crawford, ...	9	7	7	8	3	2	13	12	61
Crawfordjohn, ...	8	8	11	9	3	2	—	—	41
Coulter, ...	4	2	1	2	—	1	4	—	14
Dalserf, ...	103	94	48	49	43	51	5	11	404
Dalziel, ...	1031	978	563	529	382	353	98	105	4039
Dolphinton, ...	4	3	7	5	2	3	—	—	24
Douglas, ...	73	76	44	48	9	11	1	1	263
Douglas Water, ...	42	48	22	12	10	5	3	1	143
Dunsyre, ...	3	2	3	1	—	—	4	5	18
East Kilbride, ...	26	35	26	27	21	15	1	1	152
Glassford, ...	11	19	9	19	10	7	—	—	75
Hamilton, ...	554	520	516	492	486	470	29	40	3107
Lanark, ...	243	245	120	137	111	112	28	20	1016
Larkhall, ...	401	369	163	200	127	140	38	30	1437
Leadhills, ...	6	5	4	8	4	6	—	—	33
Lesmahagow, ...	311	295	133	143	98	76	8	15	1079
Libberton, ...	3	2	4	4	1	5	—	—	19
New Monkland, ...	132	125	49	66	36	41	18	11	478
Old Monkland, ...	680	646	646	626	524	487	47	40	3696
Pettinain, ...	4	3	5	7	—	1	—	—	20
Rutherglen, ...	399	325	310	296	216	250	29	28	1853
Shettleston, ...	370	423	304	312	252	257	120	111	2149
Shotts, ...	334	283	127	118	60	68	14	22	1026
Stonehouse, ...	29	31	42	33	26	22	10	9	202
Symington, ...	5	3	5	4	1	—	—	—	18
Walston, ...	3	2	2	4	1	3	—	—	15
Wandell and Lamington, ...	11	9	1	5	4	1	—	1	32
Wiston and Roberton, ...	8	6	4	6	—	—	8	9	41
Total, ...	8597	8136	5380	5365	4203	3862	772	820	37,135

TABLE B.—Higher Grade Scholars Examined at the Routine Examination for year ending 31st July, 1918.

SCHOOL BOARDS.	SCHOLARS EXAMINED IN EACH GROUP.						
	Age Group. (11-12 years.)		Seniors. (13 years and over.)		Selected.		TOTAL.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
Airdrie, ...	20	13	101	80	...	2	216
Avondale, ...	45	40	11	26	..	...	122
Biggar, ...	...	...	14	8	...	...	22
Bothwell, ...	68	97	61	38	18	10	292
Cadder, ...	48	53	45	36	1	2	185
Cambusnethan, ...	3	24	75	35	2	...	139
Cambuslang, ...	43	45	40	36	...	3	167
Carlisle, ...	45	88	44	23	6	8	214
Dalziel, ...	59	40	24	18	7	16	164
Hamilton, ...	6	12	102	90	3	..	213
Lanark, ...	9	7	29	34	...	...	79
Larkhall, ...	72	76	45	66	14	9	282
Lesmahagow, ...	36	52	31	28	1	3	151
Old Monkland, ...	24	22	112	100	...	...	258
Rutherglen, ...	50	45	48	52	6	5	206
Shettleston, ...	59	90	83	78	9	12	331
Total, ..	587	704	865	748	67	70	3041

OPHTHALMIC TREATMENT.

TABLE I.—Showing the number of Parents notified, the number who applied for Treatment, and the number of Children examined for the first time, or completely re-examined, from every School under the Committee's Scheme. Year from 1st August, 1917, to 31st July, 1918.

CENTRE AND SCHOOL.	Total notified by the Medical Inspection Staff.	Total who applied for Treatment.	Total examined by Ophthalmic Surgeon. See foot note.
ABINGTON.			
Crawford, ...	3	2	0
Daer and Powtrail, ...	0	0	0
Summit, ...	1	0	0
Abington, ...	0	1	1
Crawfordjohn, ...	0	0	0
Leadhills, ...	0	2	2
Lamington, ...	1	1	0
Roberton, ...	0	0	0
Wiston, ...	0	0	0
AIRDRIE.			
Longrigg, ...	4	0	1
Moffat, ...	0	0	0
Longriggend R.C. ...	10	1	2
Whiterigg R.C. ...	5	0	0
Annathill, ...	2	0	0
Glenboig, ...	7	0	0
Greengairs, ...	1	0	0
New Monkland, ...	5	0	0
Riggend, ...	1	0	0
Roughrigg, ...	2	0	0
Glenboig R.C., ...	2	0	1
Meikle Drumgray R.C., ...	5	1	0
Airdrie Academy and Supplementary, ...	24	4	7
Alexandra, ...	7	2	3
Albert, ...	23	2	2
Chapelside, ...	13	1	1
Rochsolloch, ...	13	10	11
Victoria, ...	20	3	6
Coatdyke R.C., ...	15	5	5
St. Margaret's R.C., ...	16	4	7
Airdriehill, ...	2	0	0
Caldercruix, ...	3	0	0
Clarkston, ...	16	7	5
Drumbreck, ...	5	3	4
Calderbank, ...	10	0	1

TABLE I.—OPHTHALMIC TREATMENT—*Continued.*

CENTRE AND SCHOOL.	Total notified by the Medical Inspection Staff.	Total who applied for Treatment.	Total examined by Ophthalmic Surgeon. See foot note.
BISHOPBRIGGS.			
Auchinairn,	5	1	1
Auchinloch,	0	0	0
Bishopbriggs,	4	2	3
Cadder,	1	0	0
Lochfauld,	0	0	0
BIGGAR.			
Biggar,	5	2	0
Culter,	0	0	0
Dolphinton,	0	0	0
Covington,	0	0	0
Dunsyre,	3	3	0
Libberton,	0	0	0
Symington,	0	2	2
BLANTYRE.			
Auchintibber,	0	0	0
Auchinraith,	11	7	8
Calder Street,	20	11	10
High Blantyre,	6	1	1
Low Blantyre,	14	4	4
St. Joseph's R.C.	38	7	11
CAMBUSLANG.			
Cambuslang,	12	11	13
Hallside,	15	5	4
Kirkhill,	8	5	7
Newton,	4	4	4
West Coats,	8	7	9
Newton R.C.,	9	6	8
St. Bride's R.C.,	25	7	8
CARLUKE.			
Braidwood,	5	6	4
Carlukie,	39	24	16
Kilncadzow,	1	1	0
Law,	9	8	4
Yieldshields,	2	0	0
Carlukie R.C.,	3	1	0
CARNWATH.			
Auchengray,	0	0	0
Braehead,	1	1	1
Carnwath,	3	0	0
Forth,	13	4	4
Haywood,	4	1	0
Newbigging,	3	3	3
Tarbrax,	16	9	10
Wilsontown,	1	0	0

TABLE I.—OPHTHALMIC TREATMENT—*Continued.*

CENTRE AND SCHOOL.	Total notified by the Medical Inspection Staff.	Total who applied for Treatment.	Total examined by Ophthalmic Surgeon. See foot note.
CHRYSTON.			
Bridgend, ...	12	4	4
Chryston, ...	8	5	7
Gartcosh, ...	6	0	0
Stepps Road, ...	1	1	2
Millerston, ...	3	0	1
Cardowan R.C., ...	6	4	0
COATBRIDGE.			
Bargeddie, ...	4	3	3
Blairhill, ...	11	10	13
Coatbridge Public, ...	12	3	7
" Higher Grade, ...	6	2	0
Coatdyke, ...	4	1	1
Dundyvan, ...	20	8	8
Gartsherrie, ...	4	0	1
" Academy, ...	10	3	6
Greenhill, ...	15	4	8
Langloan, ...	6	6	5
Old Monkland, ...	2	0	0
Whifflet, ...	12	0	1
St. Augustine's R.C., ...	21	11	14
St. Patrick's R.C., ...	22	1	1
Whifflet R.C., ...	17	11	11
EAST KILBRIDE.			
Auldhouse, ...	0	0	0
East Kilbride, ...	6	4	5
Jackton, ...	0	0	0
Carmunnock, ...	1	1	1
LANARK.			
Lanark Grammar and H.G., ...	51	33	31
Nemphlar, ...	0	0	0
New Lanark, ...	13	6	6
Lanark R.C., ...	33	16	17
Smyllum R.C., ...	58	49	0
(Treatment not offered on account of epidemic of influenza.)			
Carmichael, ...	0	0	0
Carstairs, ...	3	3	4
Carstairs Junc., ...	3	2	2
Netherton, ...	0	0	0
Douglas, ...	16	6	3
Douglas-West, ...	2	3	1
Stableston, ...	1	0	0
Kirkfieldbank, ...	8	3	3

TABLE I.—OPHTHALMIC TREATMENT—*Continued.*

CENTRE AND SCHOOL.	Total notified by the Medical Inspection Staff.	Total who applied for Treatment.	Total examined by Ophthalmic Surgeon. See foot note.
LARKHALL.			
Academy, ...	46	6	10
Union Street, ...	29	2	9
Duke Street, ...	6	0	1
Glengowan, ...	24	8	8
Muir Street, ...	17	3	4
Larkhall R.C., ...	27	1	5
Dalserf, ...	9	2	2
Netherburn, ...	9	0	0
Shawsburn, ...	24	8	9
Swinhill Infant, ...	2	0	0
Not at School, ...	0	3	3
LESMAHAGOW.			
Auchenheath, ...	5	0	1
Bellfield, ...	5	1	2
Bent, ...	2	1	1
Blackwood, ...	7	2	2
Coalburn, ...	11	0	0
Hawksland, ...	2	0	1
Lesmahagow Sen. and Jun., ...	26	8	9
Underbank, ...	7	3	3
Waterside, ...	5	2	2
Blackwood R.C., ...	2	0	0
MOTHERWELL.			
Calder, ...	24	8	3
Craigneuk, ...	57	11	10
Dalziel, ...	53	19	19
Dalziel High, ...	39	13	15
Hamilton St., ...	18	7	0
Knowetop, ...	39	21	23
Merry Street, ...	62	20	16
Milton Street, ...	30	7	8
Muir Street, ...	18	5	3
Craigneuk R.C., ...	92	16	12
Motherwell R.C., ...	84	20	15
RUTHERGLEN.			
Burgh, ...	20	9	8
Eastfield, ...	14	7	6
Farie Street, ...	14	2	3
Gallowflat, ...	14	6	6
Macdonald, ...	9	7	6
Stonelaw, ...	19	6	5
Rutherglen R.C., ...	16	2	3

TABLE I.—OPHTHALMIC TREATMENT—*Continued.*

CENTRE AND SCHOOL.	Total notified by the Medical Inspection Staff.	Total who applied for Treatment.	Total examined by Ophthalmic Surgeon. See foot note
SHETTLESTON.			
Eastbank, ...	33	8	9
Garthamlock, ...	0	0	0
Shettleston, ...	43	20	21
Tollcross, ...	26	8	9
Wellshot, ...	46	18	20
Eastmuir R.C., ...	25	11	14
Baillieston, ...	12	3	9
Mount Vernon, ...	3	0	0
West Maryston, ...	1	0	0
Baillieston R.C., ...	3	0	1
St. Joseph's R.C., ...	11	9	10
SHOTTS.			
Allanton, ...	2	2	2
Calderhead, ...	27	15	15
Dykehead, ...	35	16	16
St. Patrick's R.C., ...	27	8	8
Benhar, ...	17	3	2
Cleland, ...	23	5	4
Greenhill, ...	4	0	0
Greens, ...	1	1	1
Harthill, ...	11	7	5
Northrigg, ...	3	2	1
Shottskirk, ...	2	0	1
Cleland R.C., ...	28	6	5
STRATHAVEN.			
Barnock, ...	1	0	0
Drumclog, ...	0	0	0
Gilmourton, ...	0	0	1
Strathaven Academy, ...	5	6	8
Strathaven R.C., ...	0	0	0
Chapelton, ...	1	2	2
Glassford, ...	6	0	0
Camnethan St., ...	20	4	4
Sandford Joint, ...	2	0	0
Townhead, ...	10	0	1
Townhead Infant, ...	0	0	0
WISHLAW.			
Berryhill, ...	42	2	2
Cambusnethan, ...	30	2	4
Morningside, ...	16	6	6
Newmains, ...	55	8	9
Netherton, ...	4	1	1
Overtown and Waterloo, ...	30	8	7
Wishaw, ...	53	14	12
Wishaw Higher Grade, ...	13	7	5
Wishaw Academy, ...	61	27	32
Newmains R.C., ...	18	0	0
Wishaw R.C., ...	47	17	14
TOTALS, ...	2585	874	852

NOTE.—Column 3 includes a number of re-examinations where no formal application was made. The figures in column 3 are thus sometimes larger than in column 2.

OPHTHALMIC TREATMENT.

TABLE II.—Showing (a) Total Number of Cases; (b) Number Treated by Glasses;
 (c) Number Treated otherwise or Advised; (d) Number uncompleted or not
 requiring Treatment. Year ending 31st July, 1918.

TREATMENT CENTRE.	Number of Children Examined.	Number Revisited.	Approximate Total Attendances.	Number for whom Spectacles were prescribed.	Number Treated otherwise or advised.	Cases uncompleted, and Cases not requiring Treatment.	
Airdrie,	56	77	141	46	10	0	Centres Classified as Urban.
Blantyre,	34	50	87	27	7	0	
Cambuslang,	51	52	106	38	9	4	
Coatbridge,	79	123	206	69	9	1	
Larkhall,	51	39	93	40	7	4	
Motherwell,	124	0	138	99	16	9	
Rutherglen,	37	69	107	32	4	1	
Shettleston,	93	81	182	80	10	3	
Wishaw,	92	92	190	78	9	5	
Total,	617	583	1250	509	81	27	
Abington,	3	3	6	2	0	1	Centres Classified as Rural.
Biggar,	2	4	6	2	0	0	
Cadder,	18	24	42	15	2	1	
(Bishopbriggs and Chryston)							
Carlisle,	24	32	62	21	2	1	
Carnwath,	18	20	40	14	3	1	
East Kilbride,	6	1	7	6	0	0	
Ianark,	67	64	83	57	7	3	
Lesmahagow,	21	12	33	17	1	3	
Shotts,	60	19	90	50	7	3	
Strathaven,	16	15	32	12	3	1	
Total,	235	194	401	196	25	14	
Grand Total	852	777	1651	705	106	41	
					852		

OPHTHALMIC TREATMENT.

TABLE III.—Omitted this year.

TABLE IV.— Do. do.

TABLE V.—Showing the number of Children in the different Wage-earning Classes, actually treated or examined (New Cases). Year ending 31st July, 1918.

TREATMENT CENTRE.	Class I.	Class II.	Class III.	
Airdrie,	24	16	16	Centres Classified as Urban.
Blantyre,	15	7	12	
Cambuslang,	16	18	17	
Coatbridge,	44	22	13	
Larkhall,	25	12	14	
Motherwell,	35	44	45	
Rutherglen,	24	9	4	
Shettleston,	36	37	20	
Wishaw,	56	17	19	
Abington,	1	2	...	Centres Classified as Rural.
Biggar,	1	1	...	
Cadder, (Bishopbriggs and Chryston)	9	5	4	
Carlisle,	16	6	2	
Carnwath,	12	2	4	
East Kilbride,	3	1	2	
Lanark,	50	11	6	
Lesmahagow,	11	3	7	
Shotts,	20	18	22	
Strathaven,	10	5	1	
Total,	408	236	208	

DENTAL TREATMENT.

Summary of Work done under the following School Boards during the Year ending 31st July, 1918.

INSPECTION.

School Boards.	Date of Inspection.	Number of Pupils Examined.		Number of Notices Issued to Parents.	Date of Treatment.	TREATMENT.								NO. OF PUPILS.		
						No. of Pupils Treated.		NATURE OF TREATMENT.								
		Boys.	Girls.			Boys. Girls.	Extractions.	Fillings.	Sealing.	Dressing.	Cleaning.	Necessitous.	Partly Necessitous.			
Airdrie, ...	...				19th Sept. to 2nd Oct., 1917,	81	83	907	43	...	68	...	...	...	83	81
Avondale, ...	...	227	97	102	3rd and 4th June, 1918, ...	17	11	120	5	...	9	...	...	...	15	13
Biggar, ...	...				10th to 19th Dec., 1917, ...	179	185	1743	131	...	87	...	...	...	139	225
Blantyre, ...	...	1189	541	540	8th Jan., 21st Feb. to 12th March, 1918.											
Cadder, ...	...	569	220	250												
Cambusnethan, ...	...	1857	905	805	18th Mar., 22nd April to 27th May, 1918,	178	182	1531	85	...	77	...	...	...	145	215
Cambushang, ...					8th to 25th Oct., 1917, ...	111	135	1024	121	...	74	...	...	...	107	139
Carmunnock, ...	30th May, 1918, ...	..	32	14	11											
Carnwath, ...					11th to 18th June, 1918,	25	19	165	20	...	29	...	...	...	18	26
Covington, ...					5th June, 1918, ...	5	...	13	3	...	3	...	...	...	5	2
Crawford, ...					21st June, 1918, ...	5	3	24	3	...	9	...	...	...	6	4
Crawfordjohn, ...					20th June, 1918, ...	2	11	51	6	...	8	...	...	...	2	9
Culter, ...					5th June, 1918, ...	...	1	3	...	...	1	...	...	...	...	1
Dalserf, ...	21st Nov., 1917, ...	294	145	134												
Dolphinton, ...					6th June, 1918, ...	...	3	10	...	...	5	...	...	...	...	3
East Kilbride, ...	30th to 31st May, 1918,	111	43	51	21st June, 1918, ...	2	2	15	...	...	2	...	...	...	...	4
Lamington, ...																
Lanark, ...	9th Nov., 1917, ...	115	46	51	6th June, 1918, ...	4	3	25	1	...	3	...	...	...	4	3
Larkhall, ...	15th to 20th Nov., 1917, ...	1130	532	507	6th to 17th Sept., 1917, ...	97	90	887	48	...	46	...	...	2	122	65
Libberton, ...					23rd May-27th June, 1918,	182	186	1523	91	...	147	...	...	2	111	257
Old Monkland, ...																
Rutherglen, ...	7th to 14th May, 1918, ...	1627	676	720	4th and 5th June, 1918, ...	3	2	17	1	...	3	...	...	...	4	3
Shettleston, ...	3rd to 6th Dec., 1917, ...	2234	944	986	20th June, 1918, ...	2	5	27	3	...	3	...	...	...	...	7
Stonehouse, ...	14th to 22d Jan., 1918, ...															
Symington, ...	25th June, 1918, ...	23	8	8												
Wiston & Robertson																
Total ...		9408	4171	4165		893	921	8085	558	0	574	0	0	4	756	1053

APPENDIX.

The following Reports on Medical Treatment have been received from the Clerks to the School Boards of Hamilton and Bothwell:—

HAMILTON SCHOOL BOARD.

MEDICAL TREATMENT OF CHILDREN.

REPORTS BY MEDICAL OFFICERS FOR YEAR 1918.

I.—Dr. James Adam, for Diseases of Ear, Nose and Throat.

Hamilton, 14/12/18.

GENTLEMEN,

I have the honour to present the fourth yearly report on work done for affections of Ear, Nose, and Throat among the children under your care.

Year 1917.

Children attended, 50 boys, 63 girls, total	113	107
Operations under Chloroform	69	71
Operations under Local Anæsthetics	15	13
Total number of Attendances	664	613
Time taken (in hours)	89½	81¼

Classification of Cases:—

T. and A.	Nose.	Larynx.	Throat.	Ear.	Glands of Neck.
66	11	4	6	34	6

Of operations under Chloroform—

4 were on Neck Glands.

3 were on Abscesses connected with Ears; in a 4th, special examination of Ears was made, and Adenoids removed.

1 was for Abscess in mouth; and in

1 the Larynx was examined and Adenoids removed.

The remainder were ordinary T. and A. operations, and as to them one need only repeat what has been said in previous report, that the results in improved hearing and health have been as gratifying to the parents as to myself. In some of these cases there was enlargement of Lymph Glands of Neck, infected from the Tonsils. Many of these swellings disappeared after operations on the Tonsils; one was sent to Glasgow Royal Infirmary for X-ray treatment; one to the Sick Children's Hospital for operation; three I operated on myself.

Two cases were found to be Chronic Diphtheria ; these were notified to the Public Health Authority as possible Diphtheria carriers.

Two cases were treated for Speech defects, in addition to the cases on which you asked for a special report.

Three Ear cases were sent to Glasgow Royal Infirmary, where four radical operations were performed.

No visits were necessary, except in cases of report mentioned. The cases were distributed among the Schools as follows :—

Academy 2	St. Ann's 2
Beckford 20	St. Cuthbert's 7
Bent 4	St. Mary's 13
Deaf Mute... 5	St. John's 15
Ferniegair 2	Quarter 2
Glenlee 7	Townhead 6
Greenfield 15	Woodside 2
Low-Waters 9	

The reported case was at no school.

It is gratifying that, notwithstanding the abeyance of Medical Inspection of Schools, owing to the war, the number of children coming for treatment keeps up, and, indeed, increases, and, as before, I have to acknowledge the courtesy of the other medical practitioners, who frequently send cases.

I remain, etc.,

(Sgd.) JAMES ADAM.

2.—Dr. James R. Watson, For Visual Treatment.

GENTLEMEN,

I beg to render an account of the work done by me on your behalf during the past year.

You will find the cases detailed in the enclosed sheets. The cases treated comprise :—

A.—Affections of the Eye, other than errors of refraction.

There were 58 of these.

B.—Errors of Refraction. There were 129 of these.

In Class A., as is usual, the prevailing conditions were conjunctivitis, iritis, keratitis, and blepharitis. Probably there would be a much greater number of these cases if there were a Central School Clinic.

In Class B., all, as usual, were examined under mydriatic, and most of them were improved by the lenses prescribed. Still, many fresh cases are coming where there have evidently been bad defects lasting for years, without any correction lenses ever having been worn, with the result of loss of acuteness of vision, often to a great extent irremediable.

The relative incidence of the various defects is shown in Table A. Table B. shows that still the great majority of the cases are in children over 10 years of age. Table C. shows the sex-incidence of the cases examined, and shows a very striking preponderance of girls examined for refractive errors. There may, of course, be many factors contributing to this, but I have the suspicion that sewing may have a good deal to do with it. Teachers should see that a proper working distance is observed in doing all fine work, such as sewing, drawing, etc.

The total number of attendances was 230.

The total number of cases was 180.

The total number of hours occupied was 80 hours 35 minutes.

The cases were from the following schools:—

St. Mary's	24	Glenlee...	7
St. John's	24	Bent Road	7
Townhead	23	Ferniegair	6
Woodside	22	Cadzow...	3
Beckford Street ...	19	Dykehead	1
Greenfield	15	Quarter...	1
St. Cuthbert's ...	15	Deaf Mute	1
Low-Waters	10		

TABLE A.

Showing relative incidence of various defects among cases examined.

		1916.	1917.	1918.
Hypermetropic Astigmatism (in one eye or both)...	62	52	50	
Hypermetropia	"	33	30	24
Myopic Astigmatism	"	24	18	21
Simple Astigmatism	"	12	17	22
Myopia	"	10	9	12
Mixed Astigmatism	"	10	11	8
Emmetropia	"	6	10	8

TABLE B.

Showing age-incidence of cases examined.

Age.	1915.	1916.	1917.	1918.
Under 5	0	0	1	0
Over 5 and under 6	0	2	2	7
Over 6 and under 7	7	8	2	12
Over 7 and under 8	10	12	9	12
Over 8 and under 9	7	15	16	18
Over 9 and under 10	9	14	12	15
Over 10 and under 11	17	16	12	23
Over 11 and under 12	25	25	28	34
Over 12 and under 13	21	20	24	21
Over 13	15	30	22	32

TABLE C.

Showing sex-incidence of cases examined.

	1915.	1916.	1917.	1918.
Boys	54	67	66	66
Girls	79	109	115	114

I remain, etc.,

(Sgd.) JAMES R. WATSON, M.D.

December, 1918.

3.—Mr. Thomas Rankin, L.D.S., for Dental Treatment.

I.D.S. Office,

M'Grigor Barracks, Aldershot, 16/11/18.

Sir,

I beg to submit the following report of the Dental Treatment of School Children for the period of six months before joining H.M. Forces as a Dental Officer.

A total of 404 children were examined, of whom 213 were boys and 191 girls, and of these 176 (99 boys and 77 girls) attended at various dates for treatment. For this number 543 extractions of teeth and 72 fillings were necessary, this treatment being carried out. There were 40 appointments made for children which were not kept.

There were 216 of the above 404 children who did not require any treatment.

I remain, etc.,

pro THOMAS RANKIN, L.D.S.,

J. HAY CAMPBELL, L.D.S.

BOTHWELL PARISH SCHOOL BOARD.

DENTAL CLINIC.

DENTAL SURGEON'S REPORT FOR 1918.

Number of Children.

DATE.	Examined.	Requiring Treatment	Treated	Extractions.	SCHOOL.
1918.					
Jan. 10	...	...	4	12	Newarthill.
" 10	...	...	1	3	Holytown.
" 10	...	...	2	7	New Stevenston.
" 17	...	...	10	12	Muiredge.
" 24	384	321	...	...	Mossend R.C.
" 31	85	81	...	...	Bothwell Public.
" 31	106	84	...	...	Bothwell R.C.
Feb. 14	...	...	14	42	Mossend R.C.
" 21	...	...	9	22	Mossend R.C.
" 21	...	...	5	10	Carfin Public.
" 28	...	...	11	45	Mossend R.C.
Mar. 7	...	...	13	37	Mossend R.C.
" 14	...	...	13	31	Mossend R.C.
" 21	...	...	10	26	Mossend R.C.
Apl. 11	...	...	13	41	Mossend R.C.
" 18	...	...	9	26	Mossend R.C.
" 25	197	176	...	...	Bellshill Aeadeemy.
May 2	196	173	...	...	Tannochside.
" 9	159	143	...	...	New Stevenston.
" 9	156	148	...	...	Mossend Public.
" 16	...	...	6	19	Mossend R.C.
" 23	171	148	...	...	Bothwell Park.
" 23	170	154	...	...	Bothwellhaugh.
" 30	77	70	...	...	Chapelhall.
June 6	No Patients attended from				Bothwellhaugh.
" 13	...	...	3	5	Bothwellhaugh.
" 20	...	...	2	3	Bellshill Academy.
" 20	...	...	1	4	Bothwellhaugh.
" 27	...	...	3	11	Bothwell Public.
" 27	No Patients attended from				Bothwell Park.
Aug. 22	...	...	4	11	Bellshill Academy.
" 29	...	...	10	33	Bothwell Park.
Sept. 5	151	133	...	...	Carfin R.C.
" 12	...	...	2	5	Bothwell Park.
" 26	...	...	3	8	New Stevenston
" 26	No Patients attended from				Bothwellhaugh or Mossend R.C.

DATE.	Examined.	Requiring Treatment	Treated	Extractions.	SCHOOL.
1918.					
Oct. 3	103	89	...	...	Uddingston Grammar.
" 3	101	86	...	...	Muiredge.
" 10	...	...	7	22	Muiredge.
" 17	...	...	9	20	Muiredge.
Nov. 8	474	388	...	...	Mossend R.C.
" 21	...	...	3	6	Carfin R.C
" 28	...	...	6	14	Carfin R.C.
Dec. 5	...	...	8	25	Mossend R.C.
" 12	...	...	1	6	Muiredge.
" 12	...	...	2	6	Uddingston Grammar.
" 19	...	...	9	36	Mossend.
	2560	2194	193	584	

(Signed) A. MITCHELL.